

Combining Conservation and Care: Multisectoral Partnerships in Conservation and Health



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INTRODUCTION

The purpose of this paper is to present the experience of Conservation International (CI) in working with partners in the Population Environment (PE) program and lessons learned from those experiences. The Meeting Population and Conservation Needs in the Selva Lacandona project partnerships are examined in this case study of CI's PE program in Chiapas, Mexico, which was funded by the Davis and Lucille Packard Foundation. Additional lessons learned from other types of partnerships in other PE programs are also included.



CI's partnerships are key to addressing complex issues and concerns in natural resource conservation.

Mexico Case Study



Partnerships require flexibility and innovation on the part of both organizations.

Since it began in 1987, CI has worked closely with local partners to achieve conservation goals. During the past five years, the organization has increasingly relied on partners to achieve these results. Currently, more than one-third of the institution's annual budget is dedicated to partners. This change reflects a long-term strategy to build local, regional, and national capacity for conservation while engaging a range of stakeholders in the health, development, and industrial sectors, as well as policy arenas. By forging strategic alliances with these groups, CI helps protect endangered species, plan and protect landscapes, and consolidate conservation corridors at all levels. Many organizations find partnerships challenging and complicated, but CI has proven that broad-based, collaborative projects can provide concrete and lasting biodiversity conservation results.

In the southern Chiapas region of Mexico, CI's PE program has been working since before 2000 to combine conservation-and health-based initiatives. Following on small-scale midwife training in the PE project in the Selva Lacandona in Mexico and Guatemala, CI initiated a larger integrated health and conservation project in 2000 with support of the David and Lucille Packard Foundation. This project has three objectives to:

- Increase access to and information on reproductive health and family planning (RH/FP) in communities around the Montes Azules Biosphere Reserve;
- Help communities to increase capacity to sustainably manage resources, especially the adolescent populations;
- Promote the empowerment of women through participation in microenterprises for conservation.

Since the project's inception, CI's role has been one of facilitator—bringing together the network of partners, creating coordinated workplans, overseeing progress, and implementing conservation project activities. CI staff members are responsible for the conservation and microenterprise components, while our partners have been largely responsible for the RH/FP and economic development activities of the program.

From the beginning of the project, CI has partnered with Population Action International (PAI), a U.S.-based research policy advocacy organization dedicated to increasing global political support for effective population policies and programs. PAI seeks to make clear the links between population, reproductive health, the environment, and development (Cincotta and Engelman 2000). In the early years of this integrated project, PAI provided strategic planning and guidance on project design and selection of a local partner to carry out the RH/FP component. PAI was well positioned to provide this input, given its reputation and extensive network of international health and family planning contacts.

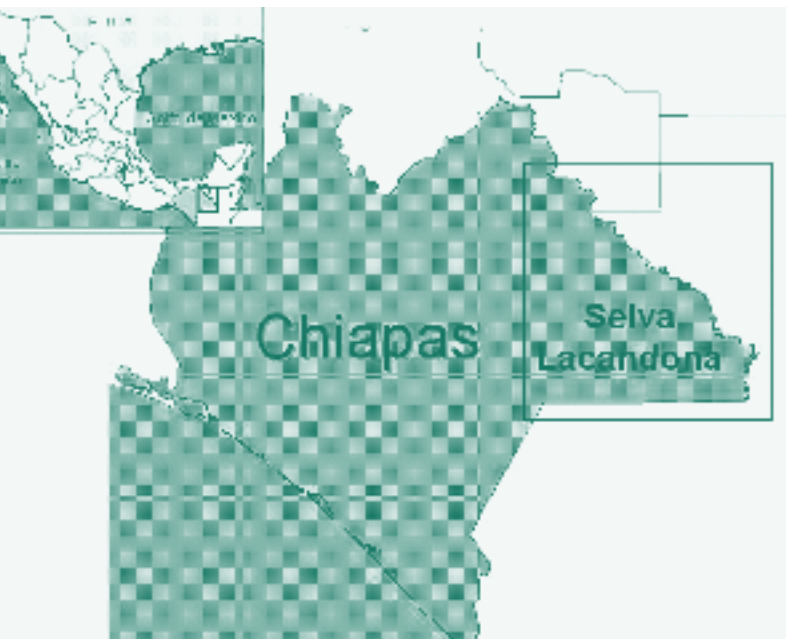


Mexican countryside.

On the basis of consultations with PAI, CI invited the Mexican Family Planning Association (MEXFAM), a national family planning nongovernmental organization (NGO) with more than 35 years of experience, to join its program as the health partner. MEXFAM's mission is "to provide quality and [available] services in family planning,

health and sexual education, focusing especially on the vulnerable population in the country: young people and the poor"(MEXFAM 2005). Following MEXFAM's advice, CI also formed a close relationship with the Mexican Social Security Institute (IMSS), a government agency providing basic health services to rural poor in the Chiapas region.

CI's experience working with MEXFAM offers many insights into the process of forming an effective partnership. CI has always had specific criteria for choosing potential partners. MEXFAM fit all of those requirements and was already established as a well-respected, professional organization in Mexico. However, the partnership proved unsuccessful when it became obvious that MEXFAM did not have the field-based presence required to carry out the local health service delivery component of the project in communities around the remote Selva Lacandona jungle. Primarily from urban areas, MEXFAM doctors were sent out to work with RH/FP in rural and indigenous communities, but they were unaccustomed to working with this target population. Despite claims that the young, urban male doctors were undergoing extensive training to prepare them for working with indigenous women, it was apparent that they were unprepared to serve in such a capacity. Their service did not appear to recognize the customs and needs of the communities and did not take into consideration important gender



Map of Chiapas and Selva Lacandona, Mexico.

issues. The result was detrimental to CI's efforts in the area, and CI lost the communities' trust. In addition, MEXFAM was not able to document its progress and provide CI with reports. After numerous attempts to work out these problems, CI made the decision to discontinue our partnership with MEXFAM.

CI began to look for other health partners to fill MEXFAM's role in providing community-based health services and training. The outreach arm of IMSS, "IMSS-Oportunidades," was a good fit in terms of its mission to reach the poor with health services and improve local conditions. This organization also was established in the area and had access to existing health facilities and information. CI discontinued our partnership with MEXFAM in 2002 and began to work instead with IMSS-Oportunidades. CI also joined with a new health partner, Marie Stopes Mexico (MSM), a branch of U.K.-based RH/FP NGO Marie Stopes International.



Midwife with wares in Guatemala.



Women creating handicrafts with microenterprise groups.

(This project is funded by the Packard Foundation and not subject to U.S. Government regulations.)

As a partner MSM helped support the RH/FP component of the PE program. MSM runs three health clinics in the towns of San Cristóbal de las Casas, Comitán, and Tuxtla Gutierrez. Health service providers in the clinics provide pre- and post-natal care; screening for cancers that affect reproductive health (cervical, uterine, etc.); family planning information and services; sexually transmitted infection (STI) education and treatment; AIDS counseling; gynecological exams; and other reproductive health services. MSM also has two mobile clinics that provide these services to remote communities. In addition, MSM runs youth centers near its clinics where youth learn about sexual and reproductive health, gender issues, and family planning. IMSS-Oportunidades works in coordination with MSM, providing the partnership with facilities, doctors, and materials and making options more accessible to ensure its success.

On the basis of lessons learned with the MEXFAM partnership, CI coordinated annual partner meetings with IMSS staff members at national and local levels to review workplans and progress to date and to address issues such as community engagement strategies and use of integrated health and development educational materials. These meetings allowed partners to assess the proposed activities, budgets, and roles and responsibilities in order to determine the feasibility and timeline for the activities. This coordination mechanism was very effective in bringing partners together and setting consensus-based workplans and goals.

One additional change in PE program management reflected broader institutional grant management improvements. With CI giving away larger portions of the annual

budget for external grants, new guidelines were instituted to ensure partner performance through financial incentives and payments in return for services. In the past, CI might advance large portions of grants with fungible reporting dates and minimal reporting guidelines. In the early 2000s, CI adopted a more sophisticated, performance-based approach to managing partnerships.

From the experience with MEXFAM, CI refined its partnership model in the PE program and emerged with a new set of health partners: one government institution and one NGO. Although there have been challenges in these partnerships over the past few years, IMSS-Oportunidades and MSM have proven successful in meeting the project's health goals. For example, CI and our partners have increased knowledge and use of RH/FP methods in the three target communities around the reserve. We have helped to increase the rate of contraceptive use from an average of 7.7 percent

in 2001 to 36.7 percent by the end of 2003. Our work has reached more than 60 communities served by the IMSS network of rural health clinics. Since 2001, CI and our partners delivered more than 70 training sessions and workshops on reproductive and sexual health, environmental services and stewardship, and microenterprise skills to more than 3,600 people (including medical personnel, community organizers, health promoters, midwives, adolescents, farmers, and community women and men). These events ranged from short meetings to workshops comprising more than 200 hours of training time.

LESSONS LEARNED

We have learned many valuable lessons about the challenges of forging and sustaining partnerships among diverse organizations, integrating health and conservation activities, and eliciting stakeholder and community participation in areas of civil unrest. For example, in 2002 CI had to stop activities on one of our original intervention sites, Emiliano Zapata, because of the potential risk to project staff members. Some of these lessons are described as follows:

- Work with project partners that demonstrate a high level of individual and institutional curiosity. The practice of working in partnerships requires flexibility and innovation on the part of both organizations.
- Use a rigorous and extensive set of criteria for choosing a partner; factors to consider should include experience, knowledge of the area and the context in which it will work, and the reputation of the organization.
- Constantly evaluate and update criteria for choosing partners and methods for working with them. This is the only way to perfect the process of working in conjunction with other groups and organizations.
- Do not forget that personal relationships are critical elements of successful organizational partnerships. If staff members of one organization do not work well with those of the other, the working relationship will suffer. Even if other criteria indicate that the organization is a good choice for a partnership, this factor can ruin a partnership and should be taken into consideration.



Staff from CI's partner MATEZA participates in project planning meeting in Madagascar.

- At the inception of the partnership, devote adequate time to exploring and understanding each partner's interests and priorities, and make explicit agreements about each one's rights and responsibilities.
- Establish a clear agreement, in writing, that grantees will provide regular progress updates to the partner providing the funds. If there is no communication process for this purpose, the partner receiving the funds may take advantage of the partnership.
- Choose partner organizations carefully, and keep in mind that the communities with whom an NGO works will not necessarily differentiate between an organization and its partners. If a partner makes mistakes and acquires a bad reputation, both organizations may lose the communities' trust.
- Regularly communicate with the partner and actively monitor its progress as part of the collaborative project. As mentioned earlier, people will not differentiate between two organizations working together; even if a project component is run entirely by the other NGO, it is important to monitor progress to ensure that everything runs as planned.
- Maintain a close, trusting relationship with the partner so as to avoid problems such as those discussed previously. The more staff members have experience with partnership building, the easier it will become. However, if problems do occur, immediately evaluate the partnership and discuss steps to address the problems, by changing the partner's scope of work, refining aspects of the work, or discontinuing the partnership.
- Make use of a partner's advice and connections. The successful relationship between CI and IMSS-Oportunidades came about as the relationship with MEXFAM ended. At MEXFAM's suggestion, CI continued working with IMSS to build a strong, lasting partnership.
- Partner with a government institution in projects where appropriate. A government connection can enable the entire operation to run smoothly through increased access to facilities and information and a decreased chance of misunderstandings. This arrangement will also facilitate



Many multisectoral partners support a conservation site in northern Philippines

Philippines Case Study – Government Partners

- CI Philippines focused its PE project implementation in the municipality of Baggao, in Cagayan province. Baggao is the third most populous municipality in Cagayan, with 6.7 percent of the provincial population, and it has a relatively young population. In the 2000 census, Baggao registered a population growth rate of 2.3 percent, with a total population of 66,264 and a 4.5 total fertility rate. In addition, the forest of Baggao includes areas covered by Community-Based Forest Management Agreements and Certificate of Ancestral Domain Claims awarded to indigenous people, with a total of 46,750 hectares, more than half of Baggao's land area of 92,600 hectares. The project site is located adjacent to the newly proclaimed Penablanca Protected Landscape and Seascape in the south and is an integral portion of the proposed Northeastern Cagayan Protected Area within the Sierra Madre Biodiversity Corridor.
- The sustainability of forest resources is threatened by encroachment of human settlements. The problem of human encroachment includes in-migration, high fertility rates, and a lack of adequate health services and access to reproductive health services in the upland communities. Forest degradation activities like slash-and-burn farming (kaingin), timber poaching, and forest land-use conversion are prevalent within secondary growth forests of Baggao, which resulted in catastrophic flooding after the heavy downpour of Typhoon Igme in June 2004. Local communities lack understanding and appreciation of services provided by the ecosystems and have poor knowledge of sustainable forestry and conservation awareness.
- CI's partnership and alliances are key to success in addressing complex issues and concerns in natural resource conservation. During the field-level implementation of the PE Baggao Project, CI built relationships with varied stakeholders to form a PE team including the Local Government Unit (LGU), the Department of Environment and Natural Resources (DENR), the local NGO PROCESS-Luzon, the rural health workers, and the People's Organizations. Other NGOs operating in Baggao with similar project objectives like the United Nations Development Programme and EWWI were also tapped to provide logistical support and funding complementation.
- So far, the local government of Baggao is demonstrating its support of the PE project in terms of increased budget appropriations for environment-, health-, and population related projects and passage of local enabling ordinances. In addition, local government agencies promote environmentally friendly ecotourism and reforestation, among other activities, as alternative livelihood among communities inside or near the forests.
- The most important lesson about working with government partners in the Philippines is the need to cultivate relationships over a long period of time. From the onset of the project, CI Philippines regularly communicated with and involved LGU and DENR staff members, informed them of progress and challenges, and treated them as partners in the project's successes. This reflects a long-term strategy for project sustainability, as evident by the LGU contributions and leveraging of resources in support of PE health and conservation outreach activities.

sustainability; when the NGO completes its project and leaves the area, a government connection will help continue the initiative.

- Ensure that a government partner accepts NGOs as valid institutions. In Mexico, IMSS-Oportunidades accepts CI and MSM without hesitation as valuable, credible organizations. However, previous experience showed that a national-level government health agency did not give NGOs the support they needed because it did not accept them as legitimate.
- Make sure partner organizations have a clear understanding of their responsibilities and timeframes. Coordination is always crucial in terms of planning and decisionmaking. Sometimes when MSM visited a community, it found that the IMSS doctors were not where they were supposed to be. This misunderstanding illustrates the need for both coordination and monitoring. The partnership between these two institutions is strong enough to overcome such misunderstandings, but this will not be true for all partnerships.
- Include partner organizations in all project planning and in all workshops and meetings, in order to maintain a good working relationship and positive personal connections.
- Provide support to partner NGOs that enter a region for the first time. For the new organization to build legitimacy with a community, it will need to work through the

established organization for a period of time. The project as a whole will benefit from the use of existing relationships to build new ones.

- Collaboration is most successful if each organization has a specific and unique function; extensive overlap will cause tension and possibly hinder progress.
- Facilitate a smooth working partnership through regular communication in the form of correspondence and meetings. For example, MSM and CI contact each other one to two times per week to prevent any problems in their relationship.
- Form partners with groups such as the private sector, People's Organizations, and the mass media to enable the organization to meet the cross-sectoral needs of communities and to allow for the inclusion of many types of stakeholders.

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